



Georgia Families[®] Training



Presentation to:

Medical Care Advisory Committee

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Mission

The Georgia Department of Community Health

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.

Agenda

- Georgia State Plan Provisions
- Georgia Families Program®
 - Upcoming Open Enrollment
 - New CMO Contract Provisions
- Planning for Healthy Babies
- Managed Care Rule



Medicaid Program

- Congress established the Medicaid program in 1965 (Title XIX of the Social Security Act);
- Medicaid is an entitlement program that pays for medical assistance for certain individuals and families with low incomes and resources;
- Funded by Federal and State government;
- Within broad federal guidelines, each state establishes:
 - Eligible Groups
 - Types and Ranges of Services
 - Payment Levels for Services
 - Administrative and Operating Procedures

State Plan Provisions for Managed Care

- A. Section 1932(a)(1)(A) of the Social Security Act
 - Georgia enrolls Medicaid beneficiaries on a mandatory basis into managed care entities . This authority is granted under section 1932(a)(1)(A) of the Social Security Act. Under this authority, a state can require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with state wideness, freedom of choice, or comparability.



State Plan Provisions for Managed Care

➤ State Plan Provisions

➤ Mandatory Enrollment

- Parent/Caretaker with Children Medicaid (formerly Low Income Families)
- Transitional Medicaid
- Pregnant Women
- Children under 19
- Newborns
- Women Eligible Due to Breast and Cervical Cancer (must be less than 65 years of age and diagnosed with breast or cervical cancer)
- Refugees
- PeachCare for Kids®



State Plan Provisions for Managed Care

➤ Excluded Populations:

- Individuals in Nursing Home Category of Aid
- Individuals in Hospice Category of Aid
- Aged, Blind, and Disabled (with certain exceptions)
- Children enrolled in the Georgia Pediatric Program (GAPP)
- Individuals eligible for Medicare

Planning for Healthy Babies (P4HB)

➤ P4HB is a Demonstration Waiver

➤ **Key Goals:**

- Reduce Georgia's Low Birth Weight and Very Low Birth Weight rates;
- Reduce the number of unintended and high-risk pregnancies in Georgia; and
- Reduce Medicaid costs.

Planning for Healthy Babies

Family Planning Services

- Planning for Healthy Babies Recipients receive the following Family Planning Services:
 - **Family Planning Services (FPS)**
 - Education and Counseling to assist in making informed choices and understanding contraceptive methods;
 - Annual physical exams
 - Pregnancy Tests
 - Contraceptive Services and Supplies
 - Infertility Assessment
 - Screening and treatment of sexually transmitted infections
 - Family Planning pharmacy visits



Planning for Healthy Babies Interpregnancy Care (IPC) Services

- Planning for Healthy Babies Recipients receive the following Interpregnancy Care services:
 - **Interpregnancy Care (IPC) Services;**
 - Primary Care Visits
 - Management and Treatment of Chronic Diseases
 - Substance Abuse Treatment
 - Case Management
 - Limited Dental Services
 - Prescription Drugs
 - Non-Emergency Transportation



Planning for Healthy Babies Resource Mother Outreach (RMO)

- Planning for Healthy Babies Recipients receive the following Resource Mother Outreach services:
 - **Resource Mother Outreach (RMO)**
 - Services are available to women currently enrolled in and receiving Medicaid services and meet all Interpregnancy Care Services (IPC) eligibility criteria.

Planning for Healthy Babies

- The following recipients are excluded from P4HB:
 - Women who become pregnant while enrolled;
 - Women determine to be infertile or who are sterilized while enrolled;
 - Women who no longer meet the eligibility requirements
 - Women who are or become incarcerated
 - Women who become eligible for any other Medicaid or commercial insurance program

Managed Care Benefits

➤ Types of Services Provided:

- Office Visits
- Inpatient/Outpatient Hospital Services
- Behavioral Health Services
- Mental Health and Substance Abuse Services
- Laboratory and X-ray
- Physicians Services
- Dental and Vision
- Speech, Occupational, and Physical Therapy
- Prescribed Pharmacy Drugs
- Diagnostic, Screening, Preventive, and Rehabilitative Services



Managed Care Benefits

➤ Types of Services Continued:

- Immunizations
- Perinatal Services
- Durable Medical Equipment (wheelchairs, oxygen equipment, etc.)
- Urgent Care and Emergency Services
- Family Planning Services
- Non-Emergency Transportation
- Case Management and Care Coordination



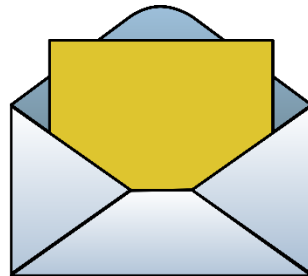
Georgia's Care Management Organizations

- Care Management Organizations
 - Georgia Families Program
 - Amerigroup
 - CareSource
 - Peach State Health Plan
 - WellCare of Georgia



CMO Open Enrollment

- ALL current/existing Georgia Families members will participate in the upcoming Open Enrollment session:
 - Open Enrollment for existing Georgia Families members will take place **March 1, 2017 through March 31, 2017**
 - Members may enroll in one of the following ways:



CMO Open Enrollment

- Ways for Members and P4HB Recipients to Enroll:
 - **Phone:** Call the Georgia Families program at **1-888-GA-Enroll (1-888-423-6765)**;
 - **Mail:** Mail the enrollment form to the address provided;
 - **Fax:** Fax the enrollment form to **1-866-4U2Enroll (1-866-482-3637)**;
 - **Online:** Visit **www.georgia-families.com**

Examples of Value-Added Benefits

➤ Amerigroup:

- Boys & Girls Club Annual Membership
- Unlimited approved Over the Counter items with script
- Weight Watchers[®], Gym Vouchers, and Exercise Fitness Bag
- GED Exam Vouchers (\$160 value)
- Breast Pump, Booster Seat, Stroller, Diaper Buddy, and up to \$60 in gift cards with annual checkups



Examples of Value-Added Benefits

➤ CareSource

- Free Bank Account (no minimum to open)
- Job Training and Help Finding Jobs
- Rewards for Pregnancy and Well-Baby Checkups
- Kids School Supplies (backpack, paper, etc.)
- Fitness Package (weights, video, gym bag, etc.)

Examples of Value-Added Benefits

➤ Peach State Health Plan

- Breast Pump (\$300) or Baby Monitor (\$200)
- \$10 Monthly membership fee at Planet Fitness Gym
- Lunch Buddies: School breakfast and lunch vouchers
- Up to \$150 value for SAT/ACT Guide
- Rewards for completing women's wellness activities



Examples of Value-Added Benefits

➤ WellCare

- Girl Scout and Boy Scout memberships
- CommUnity Assistance Line: Assistance with food, rent, and utilities
- Healthy Pregnancy Rewards: \$50 Debit Card & stroller, play yard, electric breast pump, or 6-pack of diapers
- Free Fitness Club Membership
- Alternative Equine/Horse Therapy for Qualified Members



CMO Contractual Requirements

- At a minimum, medically necessary services and benefits pursuant to the State Plan and Policies and Procedures
- Primary Care Physician (PCP) serves as the medical home for all Members.
- Dental Home for Members under the age of 21.
- Integrated behavioral and physical health care for Members with mental illness including those with dual-diagnoses.
- Discharge Planning Pilot Program
- Care Coordination and Case Management
- Disease Management
- System for Handling Grievances and Appeals

CMO Contractual Requirements

- EPSDT Services
- Adequate Provider Network (including the use of telemedicine)
- Behavioral Health Homes (must ensure that the full array of primary and Behavioral Health Care services are available, integrated and coordinated)
- Upon receiving notice from DCH that a provider who has exhausted the administrative appeals process owes an outstanding balance to DCH, the CMOs shall reduce payment to a provider for all claims submitted by that provider until the amount owed to DCH is recovered.



CMO Contractual Requirements

- Emergency Room Diversion Pilot
- Quality Oversight Committee
- Member and Provider Incentives
- Monitoring and Oversight Committee
- Member/Provider Advisory Committee
- CMO shall participate in the Georgia Health Information Network (GAHIN) as a Qualified Entity
- Ombudsman

Georgia Families 360

- Amerigroup is the Care Management Organization for the GF360 Program;
 - Foster Care
 - Adoption Assistance
 - Dept. of Juvenile Justice (select members)

Managed Care Rule's Impact on DCH

- May 6, 2016, CMS issued the Medicaid Managed Care Rules (MEGA Rule)
 - **Additional Program Integrity Safeguards:**
 - Monitoring of CMO compliance
 - Screening, Enrollment and Revalidation of Providers
 - Review of Ownership and Control Information
 - Review of Federal Databases
 - Periodic audits of encounter claims data
 - Receive and investigate information from whistleblowers relating to the CMOs or its network providers
 - CMO must report annually to the State on their recoveries of overpayments.

Managed Care Rule's Impact on DCH

➤ Actuarial Standards/Rate Setting

- Each individual rate paid to each CMO must be certified as actuarially sound;
- States will have to provide certification of a specific rate for each rate cell, rather than a rate range.

Managed Care Rule's Impact on DCH

➤ Appeals and Grievances

- Establish a specific timeframe of 120 calendar days, from the date of the adverse initial decision, for an enrollee to submit a request for a hearing before an Administrative Law Judge (State Fair Hearing Process).
- Revised recordkeeping requirements
- CMO's ability for recoupment from the beneficiary under a final adverse decision must be addressed in the contract with the State.
- Practices regarding recoupment from beneficiaries must be consistent across both Fee-for-Service and Managed Care.



Managed Care Rule's Impact on DCH

- State Monitoring Standards
 - States must have a monitoring system for its managed care programs with oversight over the following functions:
 - Administration and Management
 - Appeals and Grievances
 - Claims Management
 - Enrollee materials and customer service
 - Finance (including Medical Loss Ratio Reporting)
 - Information Systems
 - Encounter data reporting
 - Marketing
 - Medical Management
 - Provider Network Management



Managed Care Rule's Impact on DCH

➤ State Monitoring Standards

- States will be required to submit an annual program assessment report to CMS. The report must include information and an assessment on the following areas at a minimum:
 - Financial performance of the CMO;
 - Encounter data reporting by the CMO;
 - Grievance and Appeals;
 - Availability and accessibility of covered services;
 - Performance on quality measures;
 - Results of any sanctions or corrective action plans
- Results must be posted publicly and provided to the Medical Care Advisory Committee (MCAC)



Summary

- Changes for July 1, 2017
- CMO Member Open Enrollment
- Readiness Reviews and Implementation
- Impact of the new Managed Care Rules



More Information

- Upcoming Meet & Greet Sessions with the CMOs
 - March 3, 2017
 - Department of Community Health, 5th Floor
 - 8:00AM – 1:30PM
 - April 4, 2017
 - Department of Community Health, 5th Floor
 - 8:00AM – 1:30PM
- FAQs are posted at www.dch.ga.gov